

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra S. MacIver
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **F95000002610 (2)**

1. Corporation Name

FAIRFIELD DEVELOPMENT, INC.

Principal Place of Business

2045 N HIGHWAY 360, STE. 250
GRAND PRAIRIE TX 75050

Main Office

2045 N HIGHWAY 360, STE. 250
GRAND PRAIRIE TX 75050



2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	City
84	State
85	Zip Code

11. Pursuant to the provisions of Sections 607.0102 and 607.1505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0103, Florida Statutes.

SIGNATURE

12. SIGNATURE OF THE SECRETARY OR ASSISTANT SECRETARY

13. SIGNATURE OF THE PRESIDENT OR VICE PRESIDENT

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12	13	Change	Addition
TITLE: D NAME: HASHIOKA, CHRISTOPHER E STREET ADDRESS: 11189 SORRENTO VALLEY RD., STE. 103 CITY-STATE-ZIP: SAN DIEGO CA 92121	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE: DP NAME: BOSLER, JAMES STREET ADDRESS: 2045 N HIGHWAY 360, STE. 250 CITY-STATE-ZIP: GRAND PRAIRIE TX 75050	5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE: VST NAME: JONES, GLENN STREET ADDRESS: 2045 N HIGHWAY 360, STE. 250 CITY-STATE-ZIP: GRAND PRAIRIE TX 75050	9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE: [] NAME: [] STREET ADDRESS: [] CITY-STATE-ZIP: []	13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE: [] NAME: [] STREET ADDRESS: [] CITY-STATE-ZIP: []	17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE: [] NAME: [] STREET ADDRESS: [] CITY-STATE-ZIP: []	21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE: [] NAME: [] STREET ADDRESS: [] CITY-STATE-ZIP: []	25. TITLE 26. NAME 27. STREET ADDRESS 28. CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information published on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked, or on an attached list with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER/CLERK OR DIRECTOR

James J. Bosler
JAMES J. BOSLER

4/24/96 817 640-1182

CR2E034 (12/95)